

ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

West Central Community Hospital

City: Clinton County: Vermillion Year: 2003

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	2	72	258	\$4,838
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	29	1,046	2,899	\$1,625
Neonatal Intermed	0	0	0	\$0
Obstetrics	4	107	220	\$1,234
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	73	445	NA
Acute Subtotal	35	1,298	3,822	NA
Normal Newborn	4	102	205	\$1,306

II. Outpatient Visits			
Circulatory System	1,019	Digestive System	955
Endocrine System	936	Injuries and Poison	3,770
Mental Disorder	275	Musculoskeletal	2,196
Neoplasms	386	Nervous	866
Respiratory	1,920	Urinary	1,232
Other/Unknown	7,322	Total Visits	20,877
Number of Visits to Emergency Department			9,657
Percent of Emergency Department Visits of Total Visits			46.3%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
N - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	Y - Organ Bank	Y - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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